

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or the letter code of that Authority may be indicated by the applicant on the line below:

IPEA/

**PCT
DEMAND**

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation

For international Preliminary Examining Authority use only

Identification of IPEA

Date of receipt of DEMAND

Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION

Applicant's or agents file reference

JSB:FP18655

International application No.	International filing date (day/month/year)	(Earliest) Priority date (day/month/year)
PCT/AU2003/001496	13 November 2003	2 December 2002

Title of the invention

MERCERISATION OF CELLULOSIC FIBRES

Box No. II APPLICANT(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION
LIMESTONE AVENUE
CAMPBELL ACT 2612
AUSTRALIA

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's Registration No. with the office

State (that is, country) of nationality:
AUSTRALIA

State (that is, country) of residence:
AUSTRALIA

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

ARNOLD, Lyndon, Neville, H
6 KILLARA COURT
BELMONT, VICTORIA, 3216
AUSTRALIA

State (that is, country) of nationality:
AUSTRALIA

State (that is, country) of residence:
AUSTRALIA

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

RIPPON, John, Anthony,
265 Grossmans Road
TORQUAY, VICTORIA, 3228
AUSTRALIA

State (that is, country) of nationality:
AUSTRALIA

State (that is, country) of residence:
AUSTRALIA

Further applicants are indicated on a continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)	Telephone No. +61 3 9243 8300
Janelle Borham Griffith Hack 509 ST KILDA ROAD MELBOURNE VIC 3004 AUSTRALIA	Facsimile No. +61 3 9243 8333
	Teleprinter No.
	Agent's Registration No. with the office

Address for correspondence: Mark this checkbox where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments***

1. The applicant wishes the international preliminary examination to start on the basis of:
 The international application as originally filed
 the description as originally filed
 as amended under Article 34

 the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

 the drawings as originally filed
 as amended under Article 34
2. The applicant wishes any amendment to the claim under Article 19 to be considered reversed.
3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no checkbox is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purpose of international preliminary examination: ENGLISH

which is the language in which the international application is filed
 which is the language of a translation furnished for the purposes in international search
 which is the language of publication of the international application
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

-Box no. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:		For International Preliminary Examining Authority use only
1.	translation of international application:	sheets
2.	amendments under Article 34:	sheets
3.	copy (or where required, translation) of amendments under Article 19:	sheets
4.	copy (or where required, translation) of statement under Article 19:	sheets
5.	letter:	sheets
6.	other (specify):	sheets

The demand is accompanied by the item(s) marked below:

1. fee calculation sheet

2. separate signed power of attorney

3. original general power of attorney

4. copy of general power of attorney;
reference number, if any:

5. statement explaining lack of signature

6. sequence listing in computer readable form

7. tables in computer readable form related to a sequence listing

8. other (specify):

BOX NO. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

Signature:

28/06/04

Janelle Borham of Griffith Hack for and behalf of the applicant(s)

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:	
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):	
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply	<input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
<input type="checkbox"/> The applicant has been informed accordingly	<input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of rule 80.5	<input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.	

Demand received from IPEA on:

For International Bureau use only

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/AU2003/001496	For International Preliminary Examining Authority use only		
Applicant's or Agent's file reference JSB:FP18655	Date stamp of the IPEA		
Applicant COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION			
Calculation of prescribed fees <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; vertical-align: top;"> <p>1. Preliminary examination fee</p> <p>2. Handling fee (<i>Applicants from certain states are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25 of the handling fee.</i></p> <p>3. Total prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box</p> </td> <td style="width: 30%; text-align: center; vertical-align: top;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">550</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">218</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">768</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">TOTAL</div> </td> </tr> </table>		<p>1. Preliminary examination fee</p> <p>2. Handling fee (<i>Applicants from certain states are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25 of the handling fee.</i></p> <p>3. Total prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">550</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">218</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">768</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">TOTAL</div>
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Mode of Payment <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): _____ </td> </tr> </table>		<input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): _____
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Authorisation to Charge (or Credit) Deposit Account <i>(This mode of payment may not be available at all IPEA's)</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Authorisation to charge the total fees indicated above <input type="checkbox"/> (<i>this check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorisation to charge any deficiency or credit any overpayment in the total fees indicated above </td> <td style="width: 50%; vertical-align: top;"> IPEA/ _____ Deposit Account Number _____ Date _____ Name _____ Signature _____ </td> </tr> </table>		<input type="checkbox"/> Authorisation to charge the total fees indicated above <input type="checkbox"/> (<i>this check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorisation to charge any deficiency or credit any overpayment in the total fees indicated above	IPEA/ _____ Deposit Account Number _____ Date _____ Name _____ Signature _____
<input type="checkbox"/> Authorisation to charge the total fees indicated above <input type="checkbox"/> (<i>this check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorisation to charge any deficiency or credit any overpayment in the total fees indicated above	IPEA/ _____ Deposit Account Number _____ Date _____ Name _____ Signature _____		